

N431 Care Plan #

Lakeview College of Nursing

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**Demographics (3 points)**

<b>Date of Admission</b> 10/10/21	<b>Patient Initials</b> JM	<b>Age</b> 44	<b>Gender</b> Male
<b>Race/Ethnicity</b> White	<b>Occupation</b> Disabled	<b>Marital Status</b> Single	<b>Allergies</b> Risperdal (throat swell)
<b>Code Status</b> Full	<b>Height</b> 175.26 cm	<b>Weight</b> 120.9 kg	

**Medical History (5 Points)**

**Past Medical History:** COPD, dyslipidemia, hypothyroidism, hypertensive cardiovascular disease, type 2 diabetes, schizophrenia, MRSA

**Past Surgical History:** Appendectomy (teenager), Colon resection 2016

**Family History:** Mother: skin cancer, depression

Father: diverticular disease

Grandfather (M): alcohol dependence

Grandfather (P): hypertension

Grandmother (M): Bipolar

**Social History (tobacco/alcohol/drugs):** tobacco: ½ pack of cigarettes per day since 15 years old

Alcohol: denies use

Drugs: Previous cocaine, LSD, methamphetamines- denies current use

**Assistive Devices:** none

**Living Situation:** at home

**Education Level:** some college

**Admission Assessment**

**Chief Complaint (2 points):** bilateral ankle swelling and SOB

**History of present Illness (10 points):**The patient had been having swelling for a few days and shortness of breath that started before presenting to the emergency room. He said “I have swollen legs sometimes, but it usually goes away.” The shortness of breath was not relieved with rest, but was worse when ambulating. The patient also had a “slight chest heaviness” with the shortness of breath. He stated “the leg swelling and trouble breathing would just not go away.” The patient also stated “it was just like I could not catch my breath no matter what I would do”. The patient did not take any medications or use non pharmacological techniques to help relieve the swelling in the legs or shortness of breath, besides his prescribed daily medications such as furosemide and breathing treatments. These medications provided the patient no relief.

### **Primary Diagnosis**

**Primary Diagnosis on Admission (2 points):**Congestive heart failure exacerbation

**Secondary Diagnosis (if applicable):**

**Pathophysiology of the Disease, APA format (20 points):**

Heart failure is when a structural or functional cardiac disorder impairs the ventricles' filling or ability to eject blood. Heart failure is often referred to as congestive heart failure due to patients experiencing pulmonary or peripheral congestion (Hinkle & Cheever, 2018). General signs and symptoms of heart failure include dyspnea on exertion or at rest, fatigue, weakness, orthopnea, wheezing, coughing, cyanosis, irregular or rapid heart rate, sudden weight gain, lower extremity edema, abdominal distention, nausea, and nocturia (Swearingen & Wright, 2019). The patient had complaints of lower extremity edema, weakness, and dyspnea on admission. Often on a physical assessment, patients present with elevated blood pressure, dysrhythmias, tachycardia, tachypnea, and pulsus alternans. The patient may also have signs of fluid overload, including increased central venous pressure, jugular venous distention, crackles, wheezes, decreased breath sounds, cardiac gallop or murmur, hepatomegaly, ascites, pitting edema in dependent areas (Swearingen & Wright, 2019). The patient had elevated blood pressure, decreased breath sounds, and dependent edema in his legs.

Diagnostic tests often include a chest x-ray, electrocardiogram, echocardiogram, and heart catheterization (Swearingen & Wright, 2019). My patient had a chest x-ray, electrocardiogram, and echocardiogram performed. The patient's chest x-ray, electrocardiogram, and echocardiogram returned with no abnormalities. The echocardiogram showed that the patient had 50-55% ejection fraction. With heart failure, labs are drawn such as arterial blood gases, BUN and creatine, electrolytes, cardiac enzymes, brain natriuretic peptide, and CBC (Swearingen & Wright, 2019). My patient had an arterial blood gas, BUN and creatine, electrolyte levels, cardiac enzymes, and brain natriuretic peptide. His abnormal labs included the arterial blood gases, which showed metabolic alkalosis. The Electrolytes, which included

sodium, potassium, and chloride, were all low, which shows fluid volume overload. The brain natriuretic peptide, BUN, and creatine were all within normal limits. Treatment for patients with congestive heart failure relieves symptoms and improves their quality of life (Hinkle & Cheever, 2018). He was given medications such as furosemide to help relieve the excess fluid in the body. When the patient came into the emergency room, he was also given oxygen to help with the dyspnea. The patient needs to be educated on lifestyle changes such as restricting dietary sodium, smoking cessation, limit fluid and alcohol intake, weight reduction, and regular exercises (Hinkle & Cheever, 2018). The patient did not follow a low sodium diet, is a smoker, and is obese. These modifiable changes can be made so the quality of life and functional status will improve.

**Pathophysiology References (2) (APA):**

Hinkle, J. L., & Cheever, K. H. (2018). *Brunner & Suddarth's textbook of Medical-Surgical Nursing*. Wolters Kluwer.

Swearingen, P. L., & Wright, J. D. (2019). *All-in-one nursing care planning resource medical-surgical, pediatric, maternity, and Psychiatric-Mental Health*. Elsevier.

**Laboratory Data (15 points)**

**CBC Highlight All Abnormal Labs**—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab	Normal Range	Admission Value	Today's Value	Reason for Abnormal Value
RBC	3.80-5.41	4.57	4.44	
Hgb	11.3-15.2	14.1	13.6	
Hct	33.2-45.3	40.4	38.7	

<b>Platelets</b>	<b>149-393</b>	<b>365</b>	<b>335</b>	
<b>WBC</b>	<b>4.0-11.7</b>	<b>9.2</b>	<b>8.9</b>	
<b>Neutrophils</b>	<b>45.3-79.0</b>	<b>66.5</b>	<b>70.2</b>	
<b>Lymphocytes</b>	<b>11.8-45.9</b>	<b>23.9</b>	<b>20.0</b>	
<b>Monocytes</b>	<b>4.4-12.0</b>	<b>6.8</b>	<b>6.8</b>	
<b>Eosinophils</b>	<b>0.0-6.3</b>	<b>2.0</b>	<b>2.0</b>	
<b>Bands</b>	<b>0.2-1.6</b>	<b>0.8</b>	<b>0.8</b>	

Chemistry **Highlight All Abnormal Labs**—Explanations must be in complete sentences and contain in-text citations in APA format.

<b>Lab</b>	<b>Normal Range</b>	<b>Admission Value</b>	<b>Today's Value</b>	<b>Reason For Abnormal</b>
<b>Na-</b>	136-145	139	<b>130</b>	Hyponatremia often happens in fluid overload which is caused secondary to congestive heart failure. The patient is also taking furosemide which decreases sodium (Swearingen & Wright, 2019).
<b>K+</b>	3.5-5.1	<b>3.4</b>	<b>3.3</b>	Hypokalemia often happens in fluid overload which is caused secondary to congestive heart failure. The patient is also taking furosemide which decreases potassium (Swearingen & Wright, 2019).
<b>Cl-</b>	98-107	<b>96</b>	<b>89</b>	Hypochloremia often happens in fluid overload which is caused secondary to congestive heart failure. The patient is also taking furosemide which decreases chloride levels (Swearingen & Wright, 2019).
<b>CO2</b>	21-31	30	31	
<b>Glucose</b>	74-109	<b>142</b>	<b>183</b>	The patient has a high glucose due to having type 2 diabetes (Hinkle & Cheever, 2018).
<b>BUN</b>	7-25	11	13	

<b>Creatinine</b>	.84-1.21	0.96	0.75	
<b>Albumin</b>	3.5-5.2	4.4	N/A	
<b>Calcium</b>	8.6-10.3	9.5	8.3	
<b>Mag</b>	1.6-2.1	2.1	N/A	
<b>Phosphate</b>	45-117	N/A	N/A	
<b>Bilirubin</b>	0.3-1.0	0.4	N/A	
<b>Alk Phos</b>	7-52	51	N/A	
<b>AST</b>	0.3-1.0	32	N/A	
<b>ALT</b>	13-39	28	N/A	
<b>Amylase</b>	30-110	N/A	N/A	
<b>Lipase</b>	11-82	N/A	N/A	
<b>Lactic Acid</b>	0.5-1.0	N/A	N/A	
<b>Troponin</b>	0.0-0.030	<0.010	N/A	
<b>CK-MB</b>	0.60-6.30	11.34	N/A	CK-MB can be affected due to ischemia to the heart, which could be caused by the reduced cardiac output as evidenced by the shortness of breath and edema from congestive heart failure (Hinkle & Cheever, 2018).
<b>Total CK</b>	30-223	599	N/A	Total CK can be affected due to ischemia to the heart which could be caused by the reduced cardiac output as evidenced by the shortness of breath and edema from congestive heart failure (Hinkle & Cheever, 2018).

Other Tests **Highlight All Abnormal Labs**—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab Test	Normal Range	Value on Admission	Today's Value	Reason for Abnormal
INR	Normal: 1 Therapeutic 2-3	N/A	N/A	
PT	10-12 seconds	N/A	N/A	
PTT	30- 45 seconds	N/A	N/A	
D-Dimer	<200	N/A	N/A	
BNP	0-100	92	N/A	
HDL	23-92	48	N/A	
LDL	<100	64	N/A	
Cholesterol	<199	161	N/A	
Triglycerides	0-149	246	N/A	The triglycerides are elevated due to the patient having dyslipidemia (Hinkle & Cheever, 2018).
Hgb A1c	<6.4	N/A	N/A	
TSH	0.45-5.33	N/A	N/A	

Urinalysis **Highlight All Abnormal Labs**—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab Test	Normal Range	Value on Admission	Today's Value	Reason for Abnormal
Color & Clarity	Pale yellow/ clear	N/A	N/A	
pH	5-8	N/A	N/A	
Specific Gravity	1.005-1.030	N/A	N/A	
Glucose	Negative	N/A	N/A	
Protein	Negative	N/A	N/A	
Ketones	Negative	N/A	N/A	

<b>WBC</b>	0-5	N/A	N/A	
<b>RBC</b>	0-6	N/A	N/A	
<b>Leukoesterase</b>	negative	N/A	N/A	

Arterial Blood Gas **Highlight All Abnormal Labs**—Explanations must be in complete sentences and contain in-text citations in APA format.

Test	Normal Range	Value on Admission	Today's Value	Explanation of Findings
pH	7.32-7.41	7.40	N/A	
PaO <sub>2</sub>	40-50	33.8	N/A	The patient is not getting enough oxygen due to having fluid overload which causes a low PaO <sub>2</sub> (Hinkle & Cheever, 2018).
PaCO <sub>2</sub>	40-50	56	N/A	Metabolic alkalosis occurred due to the fluid overload of the patient causing a depletion of potassium (Hinkle & Cheever, 2018).
HCO <sub>3</sub>	22-26	29.3	N/A	The patient is in metabolic alkalosis due to fluid overload causing a depletion of potassium
SaO <sub>2</sub>	92-100	95	94	

Cultures **Highlight All Abnormal Labs**—Explanations must be in complete sentences and contain in-text citations in APA format.

Test	Normal Range	Value on Admission	Today's Value	Explanation of Findings
Urine Culture	Negative	N/A	N/A	
Blood Culture	Negative	N/A	N/A	
Sputum Culture	Negative	N/A	N/A	
Stool Culture	Negative	N/A	N/A	

**ALL NORMAL LABS ARE FROM SARAH BUSH LAB REFERENCES**

**Lab Correlations Reference (1) (APA):**

Hinkle, J. L., & Cheever, K. H. (2018). *Brunner & Suddarth's textbook of Medical-Surgical Nursing*. Wolters Kluwer.

Sarah bush reference information: Cerner 2021

Swearingen, P. L., & Wright, J. D. (2019). *All-in-one nursing care planning resource medical-surgical, pediatric, maternity, and Psychiatric-Mental Health*. Elsevier.

**Diagnostic Imaging**

**All Other Diagnostic Tests (5 points):** The patient had an echocardiogram, chest x-ray, and electrocardiogram performed (EKG). The echocardiogram showed no abnormalizes in the heart size or valves. The ejection fraction was 50-55%. The chest X-ray had no abnormalities, the heart and lungs were visualized and a normal size. The electrocardiogram showed normal sinus rhythm.

Diagnostic Test Correlation (5 points): The patient had the echocardiogram due to his lower leg edema; the patient had a chest X-ray and EKG due to his chest pain and shortness of breath.

Echocardiograms, chest X-rays and EKGs are ordered when heart failure is expected (Hinkle & Cheever, 2018). The patient had an EKG, chest X-ray and echocardiogram to get a better visual of the structure and function of the heart. An EKG shows the electrical activity and a chest x-ray shows the size of the hearts and the lungs (Hinkle & Cheever, 2018). The Echocardiogram shows the structure and function of the heart (Hinkle & Cheever, 2018). The results were from Sarah bush's charting.

**Diagnostic Test Reference (1) (APA):**

Hinkle, J. L., & Cheever, K. H. (2018). *Brunner & Suddarth's textbook of Medical-Surgical Nursing*. Wolters Kluwer.

Sarah bush reference information: Cerner 2021

**Current Medications (10 points, 1 point per completed med)  
\*10 different medications must be completed\***

**Home Medications (5 required)**

<b>Brand/Generic</b>	Insulin aspart/NovoLog	Levothyroxine/ Synthroid	Lisinopri l/ Prinivil	Pravastatin / Pravachol	Aripiprazol e/ abilify
<b>Dose</b>	Sliding scale 1 unit: 141-199 2 units: 200-249 3 units: 250-299 4 units: 300-349 5 units: 350-400 Over 400 notify provider	25mcg	10 mg	40 mg	30 mg
<b>Frequency</b>	ACHS	once daily	Once daily	Once daily	Once daily

Route	Sub Q	Oral	Oral	Oral	Oral
<b>Classification</b>	<u>Pharmacological:</u> Recombinant human insulin analog  <u>Therapeutic:</u> Antidiabetic	<u>Pharmacological:</u> Synthetic thyroxine <u>Therapeutic:</u> Thyroid hormone replacement	<u>Pharmacological:</u> angiotensin-converting enzyme <u>Therapeutic:</u> antihypertensive	<u>Pharmacological:</u> HMG-CoA reductase inhibitor <u>Therapeutic:</u> antilipemic	<u>Pharmacological:</u> atypical antipsychotic <u>Therapeutic:</u> antipsychotic
<b>Mechanism of Action</b>	Receptor bound insulin lowers blood glucose by facilitating cellular uptake of the glucose into skeletal muscle and fat by inhibiting the output of glucose in the liver.	Replaces endogenous thyroid hormone, which may exert its physiological effect by controlling DNA transcription and protein synthesis.	May reduce blood pressure by inhibiting conversion of angiotensin I to angiotensin II	Inhibits cholesterol synthesis in the liver by locking the enzyme needed to convert hydroxymethylglutaryl-CoA to mevalonate, a cholesterol precursor.	May produce antipsychotic effects though partial agonist and antagonist actions Acts as a partial agonist at dopamine receptors and serotonin receptors.
<b>Reason Client Taking</b>	Manage diabetes	Hypothyroidism	Hypertension	Treat Hypercholesterolemia	Treat bipolar
<b>Contraindications (2)</b>	Hypersensitivity to any components, hypoglycemia	Acute MI, uncorrected adrenal insufficiency	Angioedema, renal impairment	Active hepatic disease, Hypersensitivity	Hypersensitivity, seizures
<b>Side Effects/Adverse Reactions (2)</b>	Hypoglycemia, swelling at insertion site	Tachycardia, headache	Confusion, fatigue	Angina pectoris, hepatic necrosis	Dystonia, akathisia
<b>Nursing Considerations (2)</b>	Rotate injection sites, medication should be verified	Administer medication alone because	Use cautiously in	Use cautiously in hepatic	Use cautiously in patients

	with another nurse before giving	it is incompatible to many other meds, Medication should be used cautiously in those with underlying cardiovascular disease	patients with heart failure, use cautiously in patient with sodium depletion	or renal impairment, monitor patient's BUN and creatine levels periodically	with cardiovascular disease, have patient swallow tablet whole do not crush or chew
<b>Key Nursing Assessment(s)/ Lab(s) Prior to Administration</b>	Blood glucose level	Monitor TSH levels	Blood pressure And potassium level	Monitor cholesterol levels	Monitor blood glucose levels closely
<b>Client Teaching needs (2)</b>	Signs of hypoglycemia, the medication is good for 28 days at room temperature	Take the medication in the morning, take on an empty stomach	Get up from a laying position slowly, drink plenty of water	Take at bedtime, do not stop taking without consulting the provider	Advise to get up slowly to avoid orthostatic hypotension, diabetic patients should closely monitor blood glucose levels

**Hospital Medications (5 required)**

<b>Brand/Generic</b>	<b>Enoxaparin/ lovenox</b>	<b>Fenofibrate/ Tricor</b>	<b>Furosemide/ Lasix</b>	<b>Hydrochlorothiazide/ microzide</b>	<b>Potassium chloride/ Klor-con</b>
<b>Dose</b>	<b>40 mg</b>	<b>145 mg</b>	<b>40 mg</b>	<b>12.5 mg</b>	<b>20 mEq</b>
<b>Frequency</b>	<b>Once daily</b>	<b>Once</b>	<b>Twice</b>	<b>Once daily</b>	<b>Once daily</b>

Route	Sub q	daily Oral	daily IV push	Oral	Oral
<b>Classification</b>	<u>Pharmacological:</u> low-molecular-weight heparin <u>Therapeutic:</u> anticoagulant	<u>Pharmacological:</u> Fibrate <u>Therapeutic:</u> antilipemic	<u>Pharmacological:</u> Loop diuretic <u>Therapeutic:</u> antihypertensive, diuretic	<u>Pharmacological:</u> thiazide diuretic <u>Therapeutic:</u> diuretic	<u>Pharmacological:</u> electrolyte cation <u>Therapeutic:</u> electrolyte replacement
<b>Mechanism of Action</b>	Binds to and potentiates antithrombin to form a complex that irreversibly inactivates clotting factor XA	Increase the lipolysis of triglyceride rich lipoproteins and decrease synthesis of fatty acids and triglycerides by enhancing the activation of lipoprotein lipase and acyl-coenzyme A synthetase.	Inhibits the ascending limb of the loop of Henle, by binding to the chloride transport channel leading to urination	Promotes movement of sodium chloride and water from the blood in peritubular capillaries into nephron's distal convoluted tubule.	Acts as major cation in intracellular fluid, activating many enzymatic reactions essential for physiological processes, including nerve impulse transmission and cardiac and skeletal muscle contraction.
<b>Reason Client Taking</b>	Prophylaxis blood clot prevention	Hypercholesterolemia	Fluid overload/CHF	Hypertension	Hypokalemia due to the diuretics
<b>Contraindications (2)</b>	Hypothrombopenia, allergy to pork products	Gallbladder disease, hepatic impairment	Anuria, sulfa allergy	Anuria, hypersensitivity to thiazides	Acute dehydration, untreated Addison's disease
<b>Side</b>	Unusual	Deep vein	Dry mouth,	Hypotension,	GI bleeds,

<b>Effects/Adverse Reactions (2)</b>	bleeding, easy bruising	thrombosis, hepatitis	increased urination	hypokalemia	angioedema
<b>Nursing Considerations (2)</b>	Inject in Sub Q fat, rotate injection sites	Administer the drug one hour before any bile acid sequestrants, assess blood counts periodically during the first 12 months	Push over 2 minutes, notify provider if the patient experiences any hearing changes	Give in the morning, monitor patient for decreased visual acuity	Review medical history before administering, monitor for any GI distress
<b>Key Nursing Assessment(s)/Lab (s) Prior to Administration</b>	Monitor PT/INR and platelet level	Monitor cholesterol and blood counts	Obtain weight before, check potassium	Monitor blood glucose, blood pressure, daily weight, and electrolytes	Potassium level or signs of hyperkalemia
<b>Client Teaching needs (2)</b>	The importance of the medication to prevent blood clots, report and unusual bleed or bruising right away	Take with food, use sunscreen and protective clothing in the sun	Take in the morning or early evening if 2 doses is needed, educate on signs of low electrolytes especially potassium	Eat foods high in potassium, change positions slowly	Take with meals or immediately after, take with full glass of water

**Medications Reference (1) (APA):**

Institute for Safe Medication Practices: ISMP Medication Safety Alert. (2020). *2020 Nurse's Drug Handbook*. (Nineteenth ed.). Burlington, MA: Jones & Bartlett learning.

**Assessment**

**Physical Exam (18 points)**

<p><b>GENERAL (1 point):</b>  <b>Alertness:</b>  <b>Orientation:</b>  <b>Distress:</b>  <b>Overall appearance:</b></p>	<p>Alert and oriented to time, place, date and person  A &amp; O times 4  No distress shown- responds to stimuli  The patient is calm, but is not cooperating well with his care. He requested to leave against medical advice if he was not discharged.  Well-groomed and appropriately dressed</p>
<p><b>INTEGUMENTARY (2 points):</b>  <b>Skin color:</b>  <b>Character:</b>  <b>Temperature:</b>  <b>Turgor:</b>  <b>Rashes:</b>  <b>Bruises:</b>  <b>Wounds:</b>  <b>Braden Score: 22</b>  <b>Drains present: Y</b> <input type="checkbox"/> <b>N</b> <input checked="" type="checkbox"/>  <b>Type:</b></p>	<p>Pink  Dry with no moisture present  Warm on anterior and posterior side of trunk and extremities.  +2 turgor/ elastic  None  None  None  22</p>
<p><b>HEENT (1 point):</b>  <b>Head/Neck:</b>  <b>Ears:</b>  <b>Eyes:</b>  <b>Nose:</b>  <b>Teeth:</b></p>	<p>Head and neck were symmetrical with normal range of motion in face, head, and neck.  No carotid bruits, jugular venous distention, and swollen lymph nodes were present. Was able to feel the thyroid rise and fall on swallowing.  Left and right ear are pink and free of discharge  Left and right eyes pupils are approximately 3mm, equal, round and reactive. The conjunctiva has no abnormalities and the eyes are free from drainage.  Nose symmetrical with no drainage  Teeth intact and in good condition</p>
<p><b>CARDIOVASCULAR (2 points):</b>  <b>Heart sounds:</b>  <b>S1, S2, S3, S4, murmur etc.</b>  <b>Cardiac rhythm (if applicable):</b>  <b>Peripheral Pulses:</b>  <b>Capillary refill:</b>  <b>Neck Vein Distention: Y</b> <input type="checkbox"/> <b>N</b> <input checked="" type="checkbox"/>  <b>Edema Y</b> <input checked="" type="checkbox"/> <b>N</b> <input type="checkbox"/>  <b>Location of Edema: lower legs</b></p>	<p>.Heart sounds normal S1 and S2 heard with no murmur, gallops, or friction rub present when auscultating the aortic, pulmonic, Erb’s point, tricuspid, and mitral locations. Cardiac rhythm N/A. Carotid left and right: +3 radial left and right +3, brachial right and left +3, femoral (patient would not let me assess), popliteal left and right +3, and posterior tibial pulses 3+ bilaterally. Dorsal pedis was +2 bilaterally. All locations of pulses were brisk and easily palpable. Patients capillary refill was less than 3 seconds. Edma was present in the lower legs.</p>

<p><b>RESPIRATORY (2 points):</b>  <b>Accessory muscle use:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Breath Sounds: Location, character</b></p>	<p>The patient had diminished, but clear lung sounds when auscultating the upper and lower lobes on the left and right side.                  Respirations are non-labored and equal                  Room air, no oxygen needed at this time.</p>
<p><b>GASTROINTESTINAL (2 points):</b>  <b>Diet at home:</b> Regular  <b>Current Diet:</b> Heart failure  <b>Height:</b> 175.26 cm  <b>Weight:</b> 120.9 kg  <b>Auscultation Bowel sounds:</b> active in all 4 quadrants  <b>Last BM: 10/10/21</b> (brown, soft, medium size)  <b>Palpation: Pain, Mass etc.:</b> Patient denies any pain, no masses present, and no tenderness in the abdomen.  <b>Inspection:</b>              <b>Distention:</b> None              <b>Incisions:</b> None              <b>Scars:</b> Large vertical scar on abdomen              <b>Drains:</b> none              <b>Wounds:</b> None  <b>Ostomy:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Nasogastric:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>              <b>Size:</b>  <b>Feeding tubes/PEG tube</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>              <b>Type:</b></p>	
<p><b>GENITOURINARY (2 Points):</b>  <b>Color:</b>  <b>Character:</b>  <b>Quantity of urine:</b>  <b>Pain with urination:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Dialysis:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Inspection of genitals:</b>  <b>Catheter:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>              <b>Type:</b>              <b>Size:</b></p>	<p>Yellow                  Clear                  350                   Pink, clean, and dry</p>
<p><b>MUSCULOSKELETAL (2 points):</b>  <b>Neurovascular status:</b>  <b>ROM:</b>  <b>Supportive devices:</b>  <b>Strength:</b>  <b>ADL Assistance:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Fall Risk:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p>	<p>Normal strength, reflexes, and ROM in all extremities, patient denies any pain. Patients skin is warm with pulses present in all extremities.                  Walks with no supportive devices                  5/5 strength bilaterally in all extremities</p>

<p><b>Fall Score: 35</b>  <b>Activity/Mobility Status:</b>  <b>Independent (up ad lib)</b> <input checked="" type="checkbox"/>  <b>Needs assistance with equipment</b> <input type="checkbox"/>  <b>Needs support to stand and walk</b> <input type="checkbox"/></p>	
<p><b>NEUROLOGICAL (2 points):</b>  <b>MAEW: Y</b> <input checked="" type="checkbox"/> <b>N</b> <input type="checkbox"/>  <b>PERLA: Y</b> <input checked="" type="checkbox"/> <b>N</b> <input type="checkbox"/>  <b>Strength Equal: Y</b> <input checked="" type="checkbox"/> <b>N</b> <input type="checkbox"/> <b>if no -</b>  <b>Legs</b> <input type="checkbox"/> <b>Arms</b> <input type="checkbox"/> <b>Both</b> <input type="checkbox"/>  <b>Orientation:</b>  <b>Mental Status:</b>  <b>Speech:</b>  <b>Sensory:</b>  <b>LOC:</b></p>	<p>Patient was A &amp; O times 4                  Fully intact thinking process but has knowledge deficit with his disease process                  Speech- Clear and understandable.                  Sensory- Sensation on both sides of the body both upper and lower extremities that is equal.                  LOC- The patient is alert and oriented.</p>
<p><b>PSYCHOSOCIAL/CULTURAL (2 points):</b>  <b>Coping method(s):</b>  <b>Developmental level:</b>  <b>Religion &amp; what it means to pt.:</b>  <b>Personal/Family Data (Think about home environment, family structure, and available family support):</b></p>	<p>Patient has parents for support and is able to cope with issues he is dealing with. Although he is lacking in knowledge of his disease process. Fully developed the patient had attended some college. He also is fully informed and able to make decisions on his own.                  No religious practices                  Patient's mom helps him with medical care.                  The patient currently lives at home, but says he's been staying with his parents for a few weeks due to medical issues.</p>

**Vital Signs, 2 sets (5 points)**

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1129	86	148/87	18	36.5 Celsius	94 %
1346	87	145/80	18	36.3 Celsius	96 %

**Vital Sign Trends:** The patients blood pressure was elevated, but at the patients baseline. All of the other vitals are stable. The patient is discharging to home with stable vitals.

**Pain Assessment, 2 sets (2 points)**

<b>Time</b>	<b>Scale</b>	<b>Location</b>	<b>Severity</b>	<b>Characteristics</b>	<b>Interventions</b>
1220	0-10	N/A	0 out of 10	N/A	N/A
1346	0-10	N/A	0 out of 10	N/A	N/A

**IV Assessment (2 Points)**

<b>IV Assessment</b>	<b>Fluid Type/Rate or Saline Lock</b>
<b>Size of IV:</b> <b>Location of IV:</b> <b>Date on IV:</b> <b>Patency of IV:</b> <b>Signs of erythema, drainage, etc.:</b> <b>IV dressing assessment:</b>	20 gauge Right AC 10/10 Flushes, but was removed No erythema, drainage, phlebitis, or infiltration Dressing was removed, but dry, clean and intact Patient was saline locked during my care before the removal of the IV

**Intake and Output (2 points)**

<b>Intake (in mL)</b>	<b>Output (in mL)</b>
200 mL oral fluids	350 mL Urine

**Nursing Care**

**Summary of Care (2 points)**

The patient was discharged shortly after my arrival to clinical. There were no tests or procedures done today. The patient wanted to be discharged, or he was going to leave against medical advice. The patient’s vital signs remained stable during my care, but he had an elevated blood

pressure. The patient was tolerating his diet and walking the halls before discharge. The physician was not notified while I was at clinical, and there are no future plans of care because the patient was discharged.

**Discharge Planning (2 points)**

The patient was discharged to home today. He has no home health needs and was provided a scale on discharge. The patient is to follow up with his primary care provider in one week and with a cardiologist. The patient was provided education on a heart failure diet which would include low sodium. The patient was also provided information on how to obtain daily weights such as weighing after urinating, at the same time, and in the same clothing every day. The patient was given a calendar to record weights on and was informed he should call his provider if he gains more than 2 pounds in one day or 5 pounds in one week.

**Nursing Diagnosis (15 points)**

**\*Must be NANDA approved nursing diagnosis and listed in order of priority\***

Nursing Diagnosis <ul style="list-style-type: none"> <li>• Include full nursing diagnosis with “related to” and “as evidenced by” components</li> </ul>	Rational <ul style="list-style-type: none"> <li>• Explain why the nursing diagnosis was chosen</li> </ul>	Intervention (2 per dx)	Evaluation <ul style="list-style-type: none"> <li>• How did the patient/family respond to the nurse’s actions?</li> <li>• Client response, status of goals and outcomes, modifications to plan.</li> </ul>
1. Impaired gas exchange related to congestive heart failure as evidenced by shortness of breath.	I chose this diagnosis due to the patient having difficulty breathing and shortness of breath on admit due to fluid	1. Assess all lung fields. The presence of crackles or decreased breath sounds could indicate fluid overload or decreased	<ul style="list-style-type: none"> <li>• Goal: The patient’s oxygen will stay above 92% and lung sounds will no longer be diminished.</li> </ul> The patient wore the

	<p>overload.</p>	<p>ventilation (Swearingen &amp; Wright, 2019).  2. Monitor oximetry, a pulse oximetry of 92% or less could indicate hypoxemia (Swearingen &amp; Wright, 2019).</p>	<p>pulse oximetry during his stay. He also allowed the nurses and doctors to assess his lung fields frequently. The patient's lung fields are still diminished. The patient is discharging in hopes his lung sounds will become less diminished and he follow his medication regimen. The goal was partially met during the stay and hopefully will be met at home.</p>
<p>2. Excess fluid volume related to congestive heart failure as evidenced by diminished lung sounds and dependent edema of the legs.</p>	<p>I chose this nursing diagnosis due to the compromised regulatory mechanisms that are happening with decreased cardiac output.</p>	<p>1. Assess daily weight in the morning. This assessment helps identify if fluid retention is occurring and the effects of the diuretics (Swearingen &amp; Wright, 2019).  2. Assess for edema, the presences of edema can also indicate fluid retention (Swearingen &amp; Wright, 2019).</p>	<ul style="list-style-type: none"> <li>• Goal: The patient weighs daily and edema subsides.</li> </ul> <p>The patient was weighed daily in the hospital and was given a scale and calendar on discharge. The patient was educated on the importance of weighing himself and was able to teach back the warning signs that should be reported. The patient's edema is still slightly present. On discharge he was educated on the importance of his medication to reduce the edema in the legs. The patient seemed like he was going to follow his treatment plan and continue to weigh. The goal was partially met, the patient was properly educated and was able to teach back about daily weights and edema. The patient's edema although was not gone.</p>
<p>3. Activity</p>	<p>I chose this</p>	<p>1. assess vitals every</p>	<ul style="list-style-type: none"> <li>• Goal: The patient</li> </ul>

<p>intolerance related to the imbalance between oxygen supply and demand occurring with decrease in cardiac muscle contractability as evidenced by shortness of breath.</p>	<p>diagnosis because the patient experienced shortness of breath while moving around.</p>	<p>4 hours and report significant findings, this will show irregular HR, a HR greater than 100 bpm, or decreased blood pressure which can be a sign of cardiac ischemia (Swearingen &amp; Wright, 2019).</p> <p>2 Assess for signs of oliguria, decreasing BP, decreased mental status, and dizziness this could be a sign of significant cardiac output (Swearingen &amp; Wright, 2019).</p>	<p>has no signs of decreased cardiac output and is able to ambulate without becoming short of breath.</p> <p>The patient had his vitals taken every four hours until discharge. The patient's vitals remained stable which is the expected outcome. The patient was educated on the signs of further decreased cardiac output and when to seek help. The patient listened and was engaged in the discharge planning. The goal was met the patient's vitals remained stable and the patient was engaged on the discharge information. The patient also was able to tolerate walking the halls and to walk to the parking lot upon discharge.</p>
<p>4. Deficit knowledge related to unfamiliarity of diuretic therapy as evidenced by unaware of what any of the medications he takes are for related to needing the medications to control the fluid overload.</p>	<p>I chose this diagnosis because the patient has a large deficit knowledge regarding his disease process, care, and medications.</p>	<p>1. Teach the patient the purpose of the diuretics. Patients are more likely to comply to the treatment if they know why they are taking it and the importance (Swearingen &amp; Wright, 2019).</p> <p>2. Assess and educate on signs of hypokalemia. Knowing to monitor for these signs will allow the</p>	<ul style="list-style-type: none"> <li>• Goal: The patient knows the importance of his diuretic and understands why he is taking it.</li> </ul> <p>The patient was taught about his diuretics and signs of hypokalemia when given the furosemide before discharge. The patient was taught the importance of taking his medications after discharge. The patient verbalized the understanding of the</p>

		patient to get early medical attention (Swearingen & Wright, 2019).	diuretic therapy. The goal was met. The patient was able to use the teach back method regarding his diuretics.
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**Other References (APA):**

Swearingen, P. L., & Wright, J. D. (2019). *All-in-one nursing care planning resource medical-surgical, pediatric, maternity, and Psychiatric-Mental Health*. Elsevier.

**Concept Map (20 Points):**

### Subjective Data

Patient had 0/10 pain. Patient was “short of breath that did not go away with rest”. He stated he had edema in his legs for the past few days.

### Nursing Diagnosis/Outcomes

Impaired gas exchanged

Goal: partially met, still in progress. The patient still had diminished breath sounds, but tolerated the assessments well.

Excessive fluid volume

Goal: partially met, still in progress. The patient was properly educated on how to assess fluid volume overload, but still had some edema present upon discharge.

Activity intolerance

Goal: goal met. The patient was up walking the halls and had stable vitals when doing so.

Knowledge deficit unfamiliar with diuretics

Goal: met, The patient was able to teach back about diuretics and was properly educated.

### Objective Data

Vitals:  
B/P: 148/87  
Labs: all electrolytes decreased, ABG showed metabolic alkalosis  
Diminished lung sounds on auscultation  
Dependent edema of the legs

### Patient Information

Patient is a 44-year-old male from home who presented with shortness of breath and edema in the legs. The patient's diagnosis was congestive heart failure. He was admitted overnight for observation, IV medications, and testing.

### Nursing Interventions

Assess all lung fields. The presence of crackles or decreased breath sounds could indicate fluid overload or decreased ventilation (Swearingen & Wright, 2019).

2. Monitor oximetry, a pulse oximetry of 92% or less could indicate hypoxemia (Swearingen & Wright, 2019).

1. Assess daily weight in the morning. This assessment helps identify if fluid retention is occurring and the effects of the diuretics (Swearingen & Wright, 2019).

2. Assess for edema, the presences of edema can also indicate fluid retention (Swearingen & Wright, 2019).

1. assess vitals every 4 hours and report significant findings, this will show irregular HR, a HR greater than 100 bpm, or decreased blood pressure which can be a sign of cardiac ischemia (Swearingen & Wright, 2019).

2. Assess for signs of oliguria, decreasing BP, decreased mental status, and dizziness this could be a sign of significant cardiac output (Swearingen & Wright, 2019).

1. Teach the patient the purpose of the diuretics. Patients are more likely to comply to the treatment if they know why they are taking it and the importance (Swearingen & Wright, 2019).

2. Assess and educate on signs of hypokalemia. Knowing to monitor for these signs will allow the patient to get early medical attention (Swearingen & Wright, 2019).



